APPLICATION FOR A TEMPORARY FOOD LICENSE

Name of Event				
Location of Event				
Date(s) of Event	Time(s)	of Event		
Name of Food Facility				
Type of Facility: Booth Trailer Tent Other (specify)				
Business Owner				
Mailing Address				
City		State	Zip	
Phone Number PA S	ales and Us	e Tax License Number		
List all food and beverage items to be served at event (menu may be attached).				
Where will food be prepared? (NOTE: No food may be prepared at a home or unlicensed facility.) If food is prepared at another site, describe how food is to be transported to event site. Provide a letter from a licensed facility owner documenting use of his/her facility for preparation of foods and a description of the foods prepared there.				
Describe how cold foods are to be kept cold at the event site (41° F or below).				
Describe how hot foods are to be kept hot at the event site (135° F or above).				
Describe how food cooking/holding temperatures will be	checked dur	ing the event.		

Describe the hand washing equipment that will be provided at the event site.
Describe the utensil/dishwashing equipment that will be provided at the event site.
What is the source of your potable water? (Hoses that are drinking water safe must be provided for connections.) What is the source of your ice?
What is your method of wastewater holding and disposal?
Do you have a person certified in food safety?
have received, read and understand the Erie County Department of Health's "Temporary and Permanent Event Food Facility Guidelines" brochure, and I agree to comply with all requirements set forth in it.
Owner/Operator Name(please print)
Signature
Date
Date

Return to the Erie County Department of Health. DO NOT SEND PAYMENT. Payment is to be remitted at time license is issued.

IMPORTANT: Any application submitted within 7 days prior to the day of the event is subject to an additional \$10.00 rush fee per vendor.

Erie County Department of Health 606 West Second Street Erie, PA 16507 Phone: 814/451-6700 • Fax: 814/451-6775